

# HCBS Provider Transition Plan

Setting information		
Setting name:	Setting ID #:	
Street address:		
Phone:	Date of transition plan: Click or tap to enter a date.	
Waiver service type	Service type	
<input type="checkbox"/> Alternative Care (AC) <input type="checkbox"/> Elderly Waiver (EW) <input type="checkbox"/> Brain Injury (BI) <input type="checkbox"/> Community Access for Disability Inclusion (CADI) <input type="checkbox"/> Community Alternative Care (CAC) <input type="checkbox"/> Developmental Disabilities (DD)	Choose an item from pull-down menu: Adult Day Service Adult Foster Care Day Treatment and Habilitation Customized Living Supported Living Services	
Reason for heightened scrutiny		
Choose an item from pull-down menu: Prong 1 Located in a Public or Private Institution Prong 2 Located adjacent to a Public Institution Prong 3 Effects of Isolating Characteristics	Choose an item from pull-down menu: Effect of Isolating Characteristic HCBS Setting Type Name of Institution	Choose an item from pull-down menu: Name of Institution Farmstead Disability Specific farm Residential School Gated or Secured setting for people with disabilities Is one of multiple homes located on the same street or adjoining property that shares programming activities Provides multiple types of services and activities onsite AND does not

		<p>have the option to choose community providers</p> <p>Serves primarily people on disability waivers and the people in the setting have limited interaction with the community</p> <p><a href="#">Click here to enter text.</a></p>
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## Instructions

DHS has determined institutional or isolating qualities are present at this setting. The HCBS requirements that currently are not met are listed below. Detailed instructions, policy templates and/or information is listed under each requirement, as applicable, to assist settings to transition the identified institutional or isolating characteristics to HCBS-compliant standards.

1. For each section under “Action Plan,” describe the plan of action this setting will take or has taken to remedy each of the institutional or isolating qualities found at this setting.
2. Insert the date the action has been, or is projected to be, completed for each action, in the third column.
3. Save the completed HCBS Provider Transition Plan document to your computer.
4. Within 60 days, reply to the [ProviderAttestationReview@state.mn.us](mailto:ProviderAttestationReview@state.mn.us) email and attach the completed HCBS Provider Transition Plan to the email. You may also attach additional supporting documents to the email for our review. Examples of supporting documentation include: revised policies, revised training records or curriculum, revised activity calendars, pictures of signage.

## Prong 1 and Prong 2 settings:

### Meaningful distinction between the facility and HCBS setting

States must submit strong evidence that the setting presumed institutional has the characteristics of an HCBS setting and not an institutional setting.

Status	Transition plan	Date action completed
Choose an item from pull-down menu:  Administrative and Physical distinction is found between HCBS	<b>HCBS requirement:</b>  Choose an item from pull-down menu:  Setting meets all requirements in this section	<a href="#">Click here to enter a date.</a>

<p>setting and the Institution</p> <p>Physical distinction is not found between the HCBS setting and the Institution</p> <p>Administrative distinction is not found between the HCBS setting and the Institution</p>	<p>Interconnectedness between the facility and the setting in question, including administrative or financial interconnectedness, does not exist or is minimal.</p> <p>The setting provides HCBS services in a space that is distinct from the space that institutional services are provided.</p> <p>To the extent any facility staff are assigned occasionally or on a limited basis to support or back up the HCBS staff, the facility staff are cross-trained to meet the same qualifications as the HCBS staff</p> <p>Participants in the setting in question do not have to rely primarily on transportation or other services provided by the facility setting, to the exclusion of other options</p> <p><b>Institutional or isolating quality found:</b></p> <p><a href="#">Click here to enter text.</a></p> <p><b>DHS resources, recommendations and/or guidance:</b></p> <p><a href="#">Click here to enter text.</a></p> <p><b>Action Plan:</b></p> <p><a href="#">Click here to enter text.</a></p>	
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## HCBS settings qualities and characteristics

This section is a summary of the individual HCBS characteristics required in the HCBS rule.

Status	HCBS Rule Requirement	Date action completed
<p>Choose an item from pull-down menu:</p> <p>Determined to have institutional or isolating qualities</p> <p>Determined to have HCBS qualities</p>	<p><b>HCBS requirement:</b></p> <p>Choose an item from pull-down menu:</p> <p>Setting meets all requirements in this section</p> <p>Each person at the setting has a written lease or residency agreement in place providing protections to address eviction processes and appeals.</p> <p>Each person at the setting has privacy in his/her sleeping or living unit including a lockable door.</p> <p>The setting facilitates that a person, who shares a bedroom, is with a roommate of their choice.</p> <p>The setting provides people with the freedom to furnish and decorate their bedroom and living unit within the lease or residency agreement.</p> <p>The setting provides people the freedom and support to control their daily schedules including access to food at any time.</p> <p>The setting allows people to have visitors at any time.</p> <p>The setting provides opportunities for people to seek employment and work in competitive integrated settings.</p> <p>The setting is physically accessible to the individual.</p> <p>The setting provides people opportunities to access and engage in community life.</p> <p>The setting supports the person’s control of personal resources.</p> <p>The setting ensures people’s right to privacy.</p> <p>The setting ensures people’s dignity and respect.</p> <p>The setting ensures people’s freedom from coercion and restraint.</p> <p>The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily schedule and with whom to interact.</p> <p><b>Institutional or isolating quality found:</b></p> <p><a href="#">Click here to enter text.</a></p> <p><b>DHS resources, recommendations and/or guidance:</b></p> <p><a href="#">Click here to enter text.</a></p> <p><b>Action Plan:</b></p> <p><a href="#">Click here to enter text.</a></p>	<p><a href="#">Click here to enter a date.</a></p>

## Community engagement opportunities and experiences

Status	HCBS rule requirement	Date action completed
<p>Choose an item from pull-down menu:</p> <p>Determined to have HCBS qualities</p> <p>Barriers to accessing the community</p> <p>Daily schedules are not individualized</p> <p>Limited access to the community</p>	<p><b>HCBS requirement:</b></p> <p>Choose an item from pull-down menu:</p> <p>The setting is integrated in the community to the extent that a person or persons without disabilities in the same community would consider it a part of their community and would not associate the setting with the provision of Medicaid services.</p> <p>People receiving services participate regularly in typical community life activities outside of the setting to the extent they desire.</p> <p><b>Institutional or isolating quality found:</b></p> <p>Choose an item from pull-down menu:</p> <p>The setting does not facilitate individuals integrating into the greater community</p> <p>People are accessing the community, however time spent in the community is reserved for people with disabilities, no examples showing that people are interacting with community members in a meaningful way</p> <p>Schedules are not varied- daily activities are the same for everyone, no individualized options</p> <p>People from the community come on-site, however people do not go out into the broader community as part of their daily life</p> <p>Limited opportunities are provided for people to access the community or there are barriers to accessing the community</p> <p>Community opportunities are provided at a “group” level only and not individualized</p>	<p><a href="#">Click here to enter a date.</a></p>

	<p><b>DHS resources, recommendations and/or guidance:</b>          (insert link to document or recommended instruction here)</p> <p><b>Action Plan:</b>          Click here to enter text.</p>	
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**HCBS Provider Transition Plan review**

**Date of HCBS Provider Transition Plan review: Click to select date**

Choose an item from pull-down menu:

This HCBS Provider Transition Plan has been approved. DHS will continue to monitor action items that are not yet complete.

This HCBS Provider Transition Plan has not been approved. Please see below for further instructions.

This HCBS Provider Transition Plan has been approved and all action items are now complete.